

GOODYEAR FIRE DEPARTMENT CERTIFICATE OF OCCUPANCY CHECKLIST

Project/Occupancy Name				
AddressE	3uilding/Suite #	g/Suite #		
Purpose: This checklist was developed to provide assistance by doct that will be confirmed as being in compliance for Temporary Certific Certificate of Occupancy (C of O). The checklist is not intended to include occupancy use, compliance with additional items may be requipely Department signing for full C of O.	cate of Occupand lude all items or i	cy (TC) ssues.	O) or Full Based on	
	<u>Yes</u>	<u>No</u>	<u>N/A</u>	
Temporary C of O				
Fire sprinkler system inspected, tested and approved (green tagged).				
Fire alarm system inspected, tested and approved (green tagged).				
Full C of O				
<u>Exterior</u>				
Fire riser room door marked FIRE RISER?				
Fire alarm control panel door marked FACP?				
Fire lane signs posted and approved?				
Building address posted?				
Suite numbers posted, front and rear doors?				
FDC identified with signage, if required?				
FDC visible and accessible?				
Knox box installed in accordance with Policy P506?				
Keys provided for placement in Knox box(s)?				
Is gas meter subject to vehicle collision? If yes, bollards are re-	quired			
<u>Interior</u>				
Fire sprinkler system inspected, tested and approved?				
Fire alarm system inspected, tested and approved?				
Hood system inspected, tested and approved?				

Fire extinguishers installed to be visible and accessible?